| ALCOHOL: |                                      |              | Case Man<br>et - Interi         |                      |                            |                          |                |                    |                 | on<br>ECESSAF     | RY      | Group<br>CC-CO<br>Date of<br>03/05/2 | f This F        | D CENTI<br>Report                     | ER          |
|----------|--------------------------------------|--------------|---------------------------------|----------------------|----------------------------|--------------------------|----------------|--------------------|-----------------|-------------------|---------|--------------------------------------|-----------------|---------------------------------------|-------------|
| R        | ate<br>eported<br>3/05/2016          | Date<br>Assi |                                 | IAB<br>Log I<br>2016 | No.                        | Case I<br>(CC) 2<br>7970 |                | Folc               | ler Type        |                   |         | Follow<br>No.<br>1                   | 1               | Worksho<br>Tracking<br>No.<br>1523824 | 9           |
|          | ate/Time Re<br>3/05/2016 13          |              |                                 | Date<br>1/2017       | 7                          | T.                       |                | rrence<br>1/2016 0 | From Da         | ite/Time          |         | <b>currenc</b><br>04/2016            |                 | ate/Time                              | <del></del> |
|          | ontact Type<br>ELEPHONE              |              | Sour                            | Ce                   |                            | <b>.</b>                 | Sour           | ce Num             | ber             |                   | Pos     | sition N                             | umber           | <b>&gt;</b>                           |             |
| G        | rouped With                          | )            |                                 |                      |                            |                          |                |                    |                 |                   |         |                                      |                 |                                       |             |
| ΙA       | B Log No: <u>20</u>                  | )16 - 4      | 5012                            |                      | \$0                        | -                        |                |                    |                 |                   |         |                                      |                 |                                       |             |
| Pi       | erson's Last                         | Name         | , First M.                      |                      |                            |                          |                | -                  | Role            | -                 | Status  |                                      |                 | Res                                   |             |
| A        | nonymous                             |              | 7                               | And                  | onymou                     | s#                       | A G            |                    |                 | Call Bac          | k Code  | 4                                    |                 |                                       |             |
| M        | OS TAXID                             |              |                                 | Cor                  | nmand                      | Te,                      |                | Rank               | Shield          |                   |         |                                      |                 | -10                                   |             |
| A        | ppointment                           | Date         |                                 |                      | 51                         |                          |                |                    | Years<br>Employ | red               |         |                                      |                 |                                       |             |
| Ni       | ickname/Alia                         | as/Mid       | dle Name                        |                      |                            |                          |                |                    |                 |                   | 7       |                                      |                 |                                       |             |
|          | nis Person a<br>ogether              | nd Su        | bject Live                      | Ider                 | ntify Sul                  | oject?                   |                | This Po            | erson St        | ates Subj         | ect is  |                                      |                 |                                       |             |
| _        | n Duty                               |              |                                 | In U                 | Iniform                    |                          |                | Squad              | Chart           | F                 | Primary | Assign                               | ment            |                                       | 102         |
| PI       | ERSON TES                            | TS           |                                 |                      | -                          |                          |                |                    | _               |                   | -       |                                      |                 |                                       | -0.00       |
| Pe       | erson's Last                         | Name         | , First M.I                     | •                    |                            | Role                     |                | <b>&gt;</b>        | 44              | Status            | here    |                                      | Res. F          | oct.                                  |             |
| -        | ickname/Alia                         | s/Mid        | dle Name                        | _                    |                            |                          |                |                    |                 |                   |         |                                      | LIVO I          |                                       |             |
|          | ddress                               |              |                                 |                      |                            |                          | _              | -9-                |                 | Apt No.           |         | 2                                    | NYSIC           | No.                                   |             |
| -        | ternate Add                          | Race         |                                 | Dat                  | te of                      | Age                      |                | Heigh              |                 | Apt No.<br>Weight |         |                                      |                 |                                       |             |
| A!       | ge From                              | Age 0        | То                              | -                    | ndition                    |                          | jured<br>ation | or Dece            | eased           | U.S. Citiz        | en      |                                      | State/<br>Birth | Country                               | of          |
| Н        | ome<br>elephone                      |              | ness<br>ohone                   | Cel                  | ll Phone                   | Bee                      | per#           | E-Mail<br>Addre    |                 | Call Back         | k Phone | #                                    |                 |                                       |             |
| A        | legations                            |              | - 17/4                          | csalt———             | 1000000                    |                          | - 30           |                    |                 | 18                |         |                                      |                 | FIRST                                 | Valy.       |
| 1        | Full Allegat<br>FADO -<br>Unnecessar |              | Classific<br>Arrest<br>Effected | ation                | Allegat<br>Index<br>O-Othe |                          | Date           | ation<br>5/2016    | Finding<br>-    | Finding<br>Date   |         | gation<br>oved                       |                 | gation<br>position                    | 871         |
|          | Force Comments                       |              |                                 |                      |                            |                          |                |                    | <u> </u>        |                   |         |                                      |                 | _                                     |             |

| Ш                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Full Allegation<br>FADO -<br>Unnecessary<br>Force                                           |                                                  | Index                                         | Allegation<br>Date<br>03/05/2016                     | 1                                 | ite F                            | Allegation<br>Removed<br>(ES | Allegation<br>Disposition |
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| Nic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | kname/Alias/Mic                                                                             | idle Name                                        | 12/7                                          |                                                      |                                   |                                  |                              |                           |
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| Location Type<br>OCCURRENCE         |                    | Jurisdiction | In or Near NYPD<br>Command | PCT<br>-        | Common Locations Outside of NY       |                                                    |  |
|-------------------------------------|--------------------|--------------|----------------------------|-----------------|--------------------------------------|----------------------------------------------------|--|
| Address<br>Location                 | Location<br>Within | Street       | City                       | State<br>NY     | Zip                                  | Apt#                                               |  |
| Cross Stree                         | et                 | Ш            | Intersection of and        | Premise<br>Type | Indicate<br>Premise Name<br>if Known | Exact Location<br>Within Premise<br>Type, if Known |  |
| Occurrence<br>or From<br>03/04/2016 | Through            |              | Statement of Det           | ails Specifi    | ic to this Location                  | V (15)                                             |  |

## Topic/Subject: (Internal Affairs Log) INTERNAL AFFAIRS LOG

#### Details

(DLG) 03/05/2016 1247 hrs, Ext 2234 Reporter (DLG) 03/05/2016 1247 hrs, Ext 2234 Reporter (DLG) stated that she received an email which included a video from the showed an UNID Officer from the 47PCT, RMP 5296 pointing a firearm at the UNID motorcycle operator who was equipped with a GoPro camera. I requested to forward the video to the CC email.(DLG)

1255 hrs, after review of the video I did observe and UNID Male, White Officer point an UNID black object at the motorcycle rider. 47PCT, RMP 5296. Incident appeared to have occurred during the morning/early evening hours. The video was also posted on a social media site due to the heading. (DLG)

1259 hrs, I contacted management notified, recommends Call Out to Group 22.

1315 hrs, I contacted that DCPI is aware of the video.(DLG)

1320 hrs, video added to the log.(DLG)

1330 hrs, ARCS search of the 47PCT 2nd, and 3rd platoon 03/04/2016 yielded no listed RMP.(DLG)

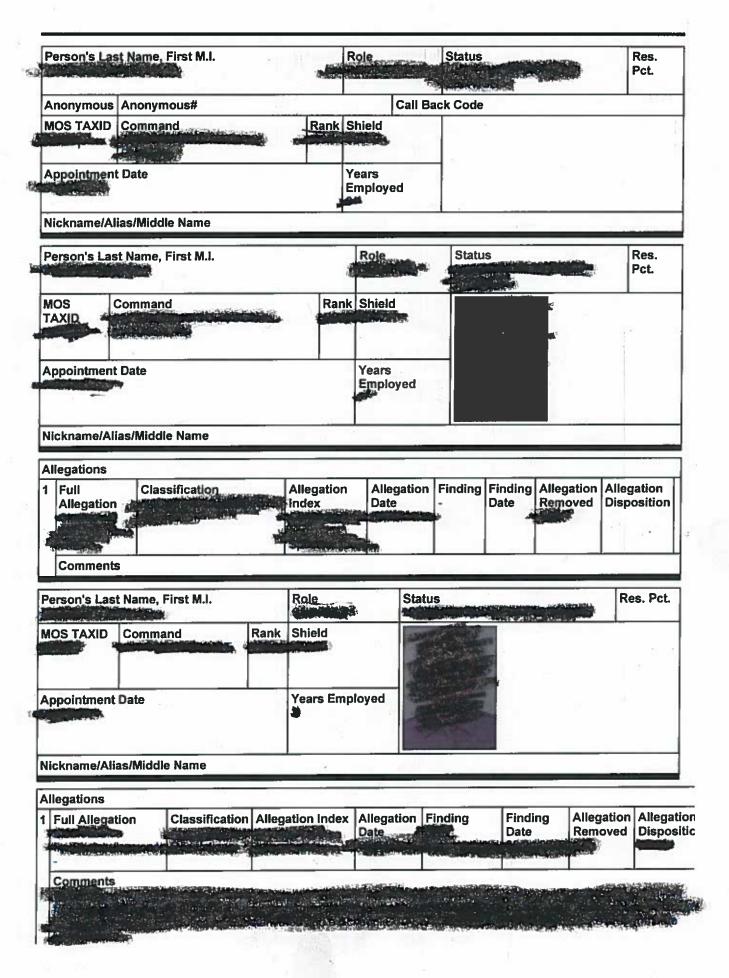
1335 hrs, Galland provided the name and number of the operator of the motorcycle (DLG

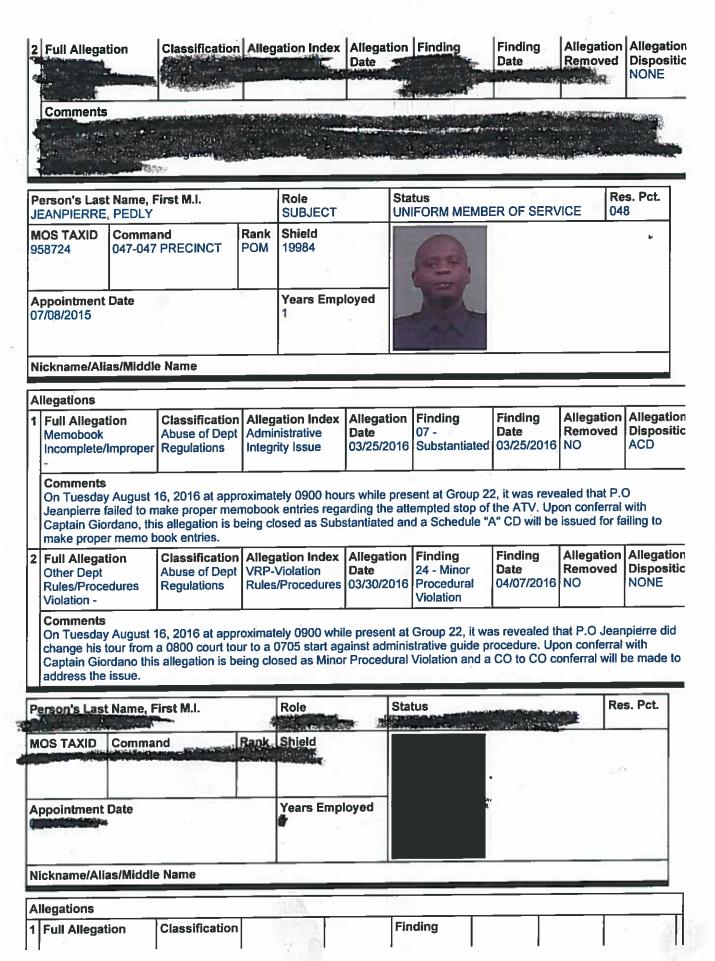
1341 hrs, G22 notified.(DLG)

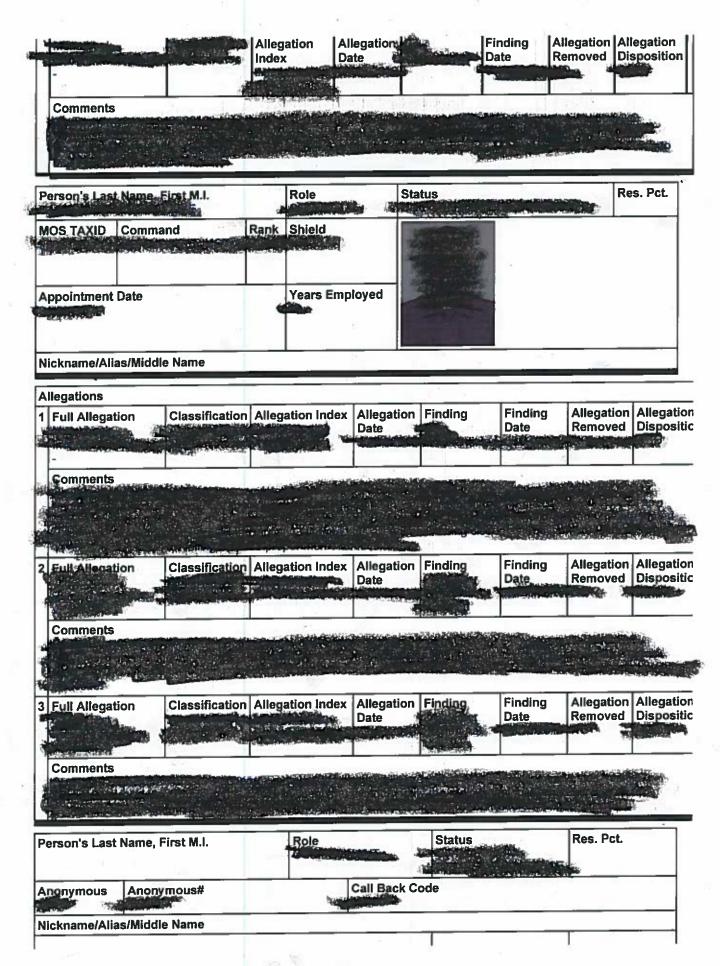
1355 ALPHA Page sent.(DLG)

1340 hours informed the command center On Tuesday, March 8, 2016 at approximately 1310 hours

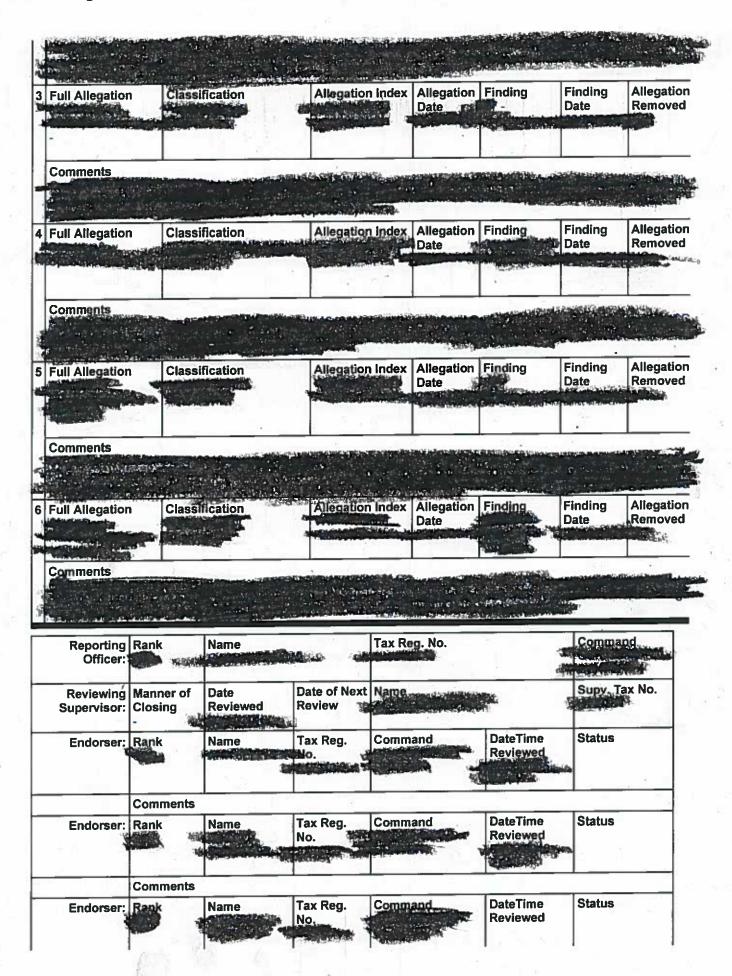
while present at Group 22, a conferral was conducted with CO of Group 22 and it was determined that this call out should be closed as a "C" case back to Group 22. (JA) List of Persons Added/Updated in the Log Person's Last Name, First M.I. Role Status Res. Pct. Concessor Security of **Call Back Code** Anonymous | Anonymous# Rank Shield **MOS TAXID** Command Appointment Date Years **Employed** Nickname/Alias/Middle Name Res. Pct. Person's Last Name, First M.I. Role **Status** Shield MOS TAXID Rank Command Appointment Date **Years Employed** Nickname/Alias/Middle Name **Allegations Finding Finding** Allegation Allegation Classification Allegation Allegation Full Date Removed Disposition Index Date Allegation Comments Res. Pct. Status. Role Person's Last Name, First M.I. Call Back Code **Anonymous** Anonymous# Nickname/Alias/Middle Name Apt No. NYSID No. Address Apt No. Alternate Address Weight Height Sex Date of Age Race Birth If Injured or Deceased State/Country of U.S. Citizen Condition Age To Age From Location Birth Beeper # E-Mail Call Back Phone# Business Cell Phone Home **Address** Telephone Telephone

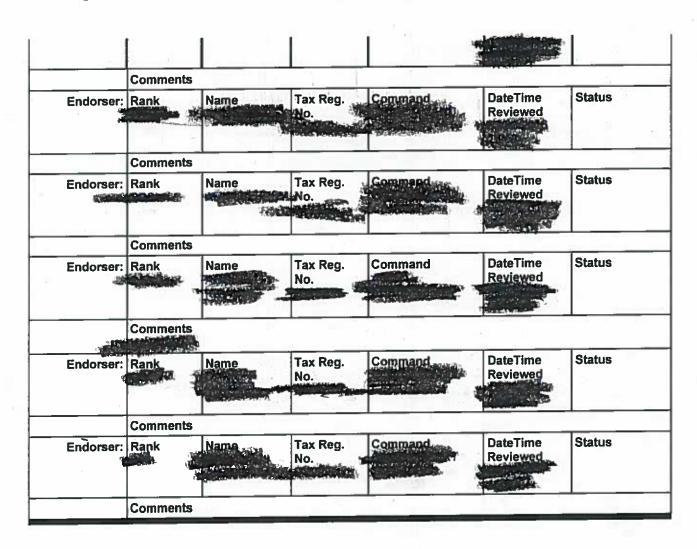






|                                                                                   | . W. 10                                                          |                                         | - 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A=4 N1=    |              |                  |                    |
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| Age From                                                                          | Age To                                                           | Condition                               | If Injured<br>Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | or Deceased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | U.S. Cit   | izen         | State/C<br>Birth | ountry of          |
| Home<br>Telephone                                                                 | Business<br>Telephone                                            | Cell Phone                              | Beeper#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | E-Mail<br>Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Call Bac   | k Phone#     |                  |                    |
| Person's Las                                                                      | t Name, First M.                                                 | . 8 %                                   | a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Role                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |              |                  | Res.<br>Pct.       |
| MOS C                                                                             | Command                                                          |                                         | Rank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Shield                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |              | 2                |                    |
| Appointment                                                                       | Date                                                             |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Years<br>Employed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |              |                  | ŧ                  |
| Nickname/Ali                                                                      | as/Middle Name                                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - 72       |              |                  |                    |
| Allegations                                                                       |                                                                  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10, 11     | (78)         | = 1'             |                    |
| Full Allega                                                                       | diam Classif                                                     | ication Allega                          | tion Index                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Allegation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Finding    | Finding Alle | gation All       | egation            |
| .   3 -                                                                           |                                                                  |                                         | AND THE RESERVE AND THE PARTY |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |              |                  |                    |
| Comments                                                                          |                                                                  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |              |                  | sposition          |
| Comments Person's Las                                                             | t Name, First M.                                                 |                                         | Role                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | atus       |              |                  | Res. Pct.          |
| Comments Person's Las                                                             | t Name, First M.                                                 |                                         | Role                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Date Rer     |                  |                    |
| Comments Person's Las                                                             | t Name, First M.                                                 |                                         | Role                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Date Rer     |                  |                    |
| Comments Person's Las                                                             | t Name, First M.I                                                | . Rank                                  | Role<br>Shield                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Date Rer     |                  |                    |
| Comments Person's Las                                                             | t Name, First M.I                                                | . Rank                                  | Role                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Date Rer     |                  |                    |
| Comments Person's Las MOS TAXID                                                   | t Name, First M.I                                                | Rank                                    | Role<br>Shield                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Date Rer     |                  |                    |
| Comments Person's Las MOS TAXID Appointment                                       | t Name, First M.I                                                | Rank                                    | Role<br>Shield                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Date Rer     |                  |                    |
| Comments Person's Las MOS TAXID                                                   | t Name, First M.I. Command  Date  as/Middle Name                 | Rank                                    | Role<br>Shield<br>Years Em                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | Date Rer     |                  |                    |
| Comments Person's Las MOS TAXID Appointment                                       | t Name, First M.I. Command  Date  as/Middle Name                 | Rank                                    | Role<br>Shield<br>Years Em                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Allegation | Date Rer     | noved Dis        | Res. Pct.          |
| Comments Person's Las MOS TAXID Appointment                                       | t Name, First M.I<br>Command  Date  as/Middle Name  tion  Classi | Rank                                    | Role<br>Shield<br>Years Em                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Allegation | Date Rer     | noved Dis        | Res. Pct.          |
| Comments Person's Las MOS TAXID Appointment Allegations Full Allegations Comments | t Name, First M.I. Command  Date  as/Middle Name                 | Rank                                    | Role Shield Years Emp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Allegation | Finding.     | Finding Date     | Allegati<br>Remove |
| Comments Person's Las MOS TAXID Appointment Allegations Full Allega Comments      | t Name, First M.I. Command  Date  as/Middle Name                 | Rank                                    | Role Shield Years Emp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Standard Sta | Allegation | Finding.     | Finding Date     | Res. Pct.          |





| In w                                      | ternal Car<br>orksheet | se Manag<br>- Interna | ement S<br>I Affairs            | System<br>Log             |                     | FAC         | Allegation<br>DO - UNNECE<br>RCE | SSARY    | C(             |                   | This Re          | CENTER                            |
|-------------------------------------------|------------------------|-----------------------|---------------------------------|---------------------------|---------------------|-------------|----------------------------------|----------|----------------|-------------------|------------------|-----------------------------------|
| Date<br>Reported<br>12/24/2016            | Date<br>Assign         | ed L                  | AB<br><b>og No.</b><br>016-797( | Case N<br>(CC) 20<br>7970 |                     | Fol         | der Type                         |          | Fo<br>No<br>2  | ollow-l           | Tr               | orksheet<br>acking<br>o.<br>59231 |
| Date/Time Re<br>12/24/2016 06             | eported<br>6:56        | SOL D<br>09/04/2      |                                 |                           | Occurre<br>03/04/20 | nce<br>16 ( | From Date/T<br>00:00             | ime      | Occu<br>03/04/ |                   | To Date          | e/Time                            |
| Contact Type                              | le c                   | Source                | Earth Control of the            |                           | Source              | 400         | Acres .                          | 基        | Positi         | ion Nu            | mber             | >                                 |
| Grouped Wit                               | h                      |                       |                                 |                           |                     |             | V T R                            |          |                |                   |                  |                                   |
| IAB Log No: 2                             |                        | )12                   |                                 |                           |                     |             |                                  |          |                |                   |                  |                                   |
| Person's Las                              | t Name, f              | First M.I.            | - 10                            | disp                      | Role                |             |                                  | Status   |                |                   | Res. Po          | et.                               |
| Anonymous                                 | ¥                      | Anonyn                | nous#                           |                           | 4.82                | 30          | Call Back Co                     | de       | amuva          |                   |                  | 124                               |
| Nickname/Ali                              | ias/Middle             | e Name                |                                 |                           | _                   | -           |                                  |          |                | ,                 | NIVOID.          | NI -                              |
| Address                                   |                        |                       | - 10                            | - 20                      | -                   | _           |                                  | Apt No.  |                |                   | NYSID            | NO.                               |
| Alternate Add                             | dress                  | -                     | - 1.                            |                           | 1.                  | _           | 10-1-1-4                         | Apt No.  | _              |                   |                  |                                   |
| Sex                                       |                        | Race                  |                                 | Date of<br>Birth          | Age                 |             | Height                           | Weight   |                |                   |                  |                                   |
| Age From                                  |                        | Age To                |                                 | Condition                 | If Injui<br>Locati  |             | or Deceased                      | U.S. Cit | izen           |                   | State/C<br>Birth | ountry o                          |
| lome Teleph                               | one                    | Busines<br>Telepho    |                                 | Cell<br>Phone             | Beepe<br>#          |             | E-Mail<br>Address                | Call Bad | ck Pho         | ne#               |                  |                                   |
| This Person a<br>Subject Live<br>Fogether | and                    | Identify<br>Subject   |                                 | This Perso                | on States           | s St        | ıbject is                        | 40       |                |                   |                  | 77                                |
| Person's Las                              | t Name, F              | irst M.I.             |                                 | TV.                       | ed                  | Ro          | AND LOCATIONS                    | Status   |                |                   | <b>5</b>         | Res.<br>Pct.                      |
| IOS TAXID                                 | Comm                   | and                   |                                 |                           | Rank                | Sh          | nield                            |          |                | and the condition |                  |                                   |
| Appointment                               | Date                   |                       |                                 | , =<br>17                 | 7                   |             | ears<br>nployed                  |          |                |                   |                  |                                   |
| lickname/Ali                              | as/Middle              | Name                  |                                 |                           |                     |             |                                  |          |                |                   | 7855             | 0.379                             |
| On Duty                                   | In Unif                | form                  |                                 | 35                        | Squad               | Cr          | art                              | Primary  | Assig          | nmen              |                  |                                   |
| PERSON                                    |                        |                       | 7                               |                           |                     |             |                                  |          |                |                   |                  |                                   |

| ΑI | legations  |               |      |   |   |                           |
|----|------------|---------------|------|---|---|---------------------------|
| 1  | Other Dept | Abuse of Dept | Date | - | _ | Allegation<br>Disposition |
|    | Comments   |               |      |   |   |                           |

### **Incident Documents**

| Property           | Property Status                            |                                    |
|--------------------|--------------------------------------------|------------------------------------|
| Evidence           |                                            |                                    |
| Evidence Collected | Evidence Collection Team Crime Scene Reque | ested Who Responded ECT/CSU Run No |
|                    |                                            |                                    |

## ATTACHMENT



| ln | cident Loca                                              | tion List          |              |                            |                 |                                      |                                                    |  |
|----|----------------------------------------------------------|--------------------|--------------|----------------------------|-----------------|--------------------------------------|----------------------------------------------------|--|
| 1  | Location Type<br>OCCURRENCE                              |                    | Jurisdiction | In or Near NYPD<br>Command | PCT<br>-        | Common Locations Outside of NYC      |                                                    |  |
|    | Address<br>Location                                      | Location<br>Within | Street       | City                       | State<br>NY     | Zip                                  | Apt#                                               |  |
|    | Cross Stree                                              | t                  |              | Intersection of and        | Premise<br>Type | Indicate<br>Premise Name<br>if Known | Exact Location<br>Within Premise<br>Type, if Known |  |
|    | Occurrence/Effective On or From Through 12/24/2016 06:45 |                    |              | Statement of Deta          | ails Specif     | ic to this Location                  | 1                                                  |  |

### Topic/Subject:

(Internal Affairs Log) INTERNAL AFFAIRS LOG

#### Details

0735 hours, I conducted an ICIS search which yielded a positive result for prior logs #2016-7970.

OTHER:UMOS has been purchasing and building his own glocks from a website without having ID. (AP)

0740 hours, CC Audio attached. (AP)

0800 hours, I conferred with IAB which informed me to make this case a call-out to Group 22. (AP)

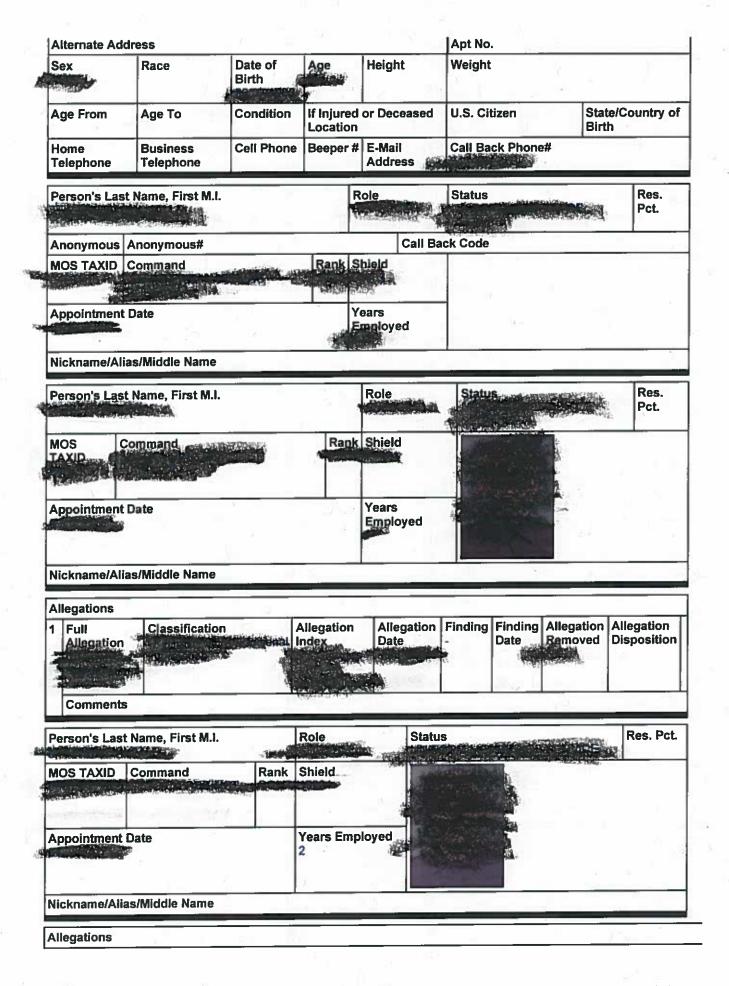
0812 hours Group 22, notified. (AP)

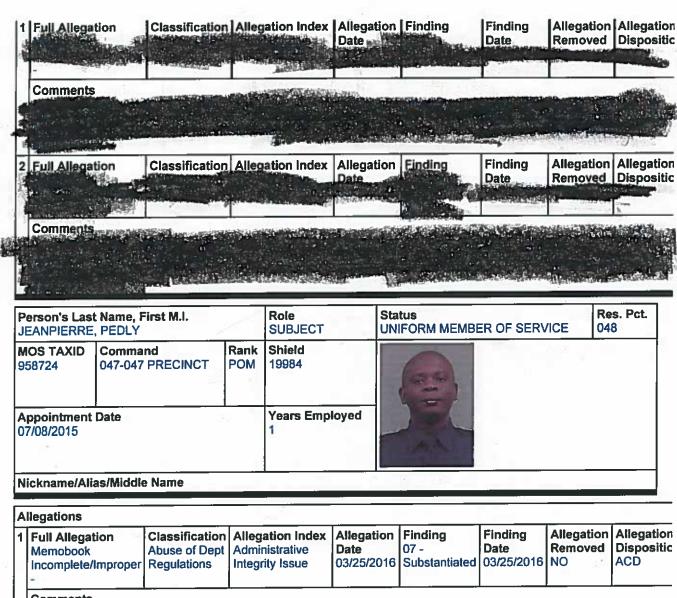
# List of Persons Added/Updated in the Log

| Person's Last Name, First M.I. | Role | Status | Res. Pct. |  |
|--------------------------------|------|--------|-----------|--|
| 1                              |      |        |           |  |

| LA C                      | pt - 31 1 1 1 1 1                             |          |                                   |           |                                         | 100        |                        |                   | era e e e e e e e e e e e e e e e e e e |                 | THE RESERVE THE              |                           |
|---------------------------|-----------------------------------------------|----------|-----------------------------------|-----------|-----------------------------------------|------------|------------------------|-------------------|-----------------------------------------|-----------------|------------------------------|---------------------------|
| _                         | nonymous                                      | Anon     | ymous#                            |           |                                         | 1900       |                        | Ca                | II Back                                 | Code            | 1366                         |                           |
| M                         | OS TAXID                                      | Comn     | nand                              | nesca     | entracioni                              | Bank       | Shje                   | ld                |                                         |                 |                              |                           |
| 100                       | etano e                                       |          |                                   |           |                                         |            |                        | A.                |                                         |                 |                              |                           |
| A                         | ppointment                                    | Date     |                                   | Dr. Li    |                                         | -13        | Year                   | s Empl            | oyed<br>                                |                 |                              |                           |
| Ni                        | ickname/Alia                                  | s/Mid    | ldle Name                         |           |                                         |            |                        | d.                |                                         |                 |                              |                           |
| Pe                        | erson's Last                                  | Name     | e, First M.I.                     |           | -                                       | Rol        |                        |                   | 1                                       | Status          |                              | Res. Pct.                 |
| Ni                        | ickname/Alia                                  | s/Mid    | ldle Name                         |           |                                         |            |                        | 1.                |                                         | 17              | 7.5                          |                           |
| A                         | ddress                                        | - 1      |                                   | 0.        |                                         | 558        | 19414<br>102           |                   | = 3                                     | Apt No.         |                              | NYSID No.                 |
| Al                        | ternate Add                                   | ress     |                                   |           |                                         |            |                        |                   |                                         | Apt No.         |                              | 10.00                     |
| Se                        | ex                                            | Race     |                                   | Da<br>Bir | te of<br>th                             | Age        | ,                      | Height            |                                         | Weight          |                              |                           |
| A!                        | ge From                                       | Age<br>0 | То                                | Co        | ndition                                 |            | jured<br>ation         | or Dece           | ased                                    | U.S. Citize     | en                           | State/Country of Birth    |
|                           | ome<br>elephone                               |          | ness<br>phone                     | Ce        | I Phone                                 | Bee        | per#                   | E-Mail<br>Addres  | ss                                      | Call Back       | Phone#                       |                           |
| A                         | legations                                     |          | 71                                |           |                                         |            |                        |                   | _                                       |                 |                              |                           |
|                           | Full Allegat<br>FADO -<br>Unnecessar<br>Force |          | Classificat<br>Arrest<br>Effected | ion       | Allegation Index O-Other                | Index Date |                        | Finding<br>5/2016 |                                         | Finding<br>Date | Allegation<br>Removed<br>NO  | Allegation<br>Disposition |
|                           | Comments                                      | -        | <u></u>                           |           |                                         |            |                        |                   | (3)                                     | -1              |                              |                           |
| 2                         | Full Allegat<br>FADO -<br>Unnecessar<br>Force |          | Classificat<br>Arrest<br>Effected | ion       | Allegation Index O-Other                | on         | Alleg<br>Date<br>03/05 | ation<br>/2016    | Finding<br>-                            | Finding<br>Date | Allegation<br>Removed<br>YES | Allegation<br>Disposition |
|                           | Comments                                      |          |                                   |           |                                         |            |                        |                   |                                         |                 |                              |                           |
| De                        | rson's Last                                   | Name     | First M I                         |           |                                         | Rol        | e .                    |                   | 7.                                      | Status          |                              | Res. Pct.                 |
|                           | ISON'S Last                                   | Maine    | , rnstm                           |           | 319                                     | 16.5       | 1000                   | 2011200           | -                                       |                 |                              | 2                         |
| Ar                        | onymous                                       | Ano      | nymous#                           | G(        |                                         |            |                        | Call Ba           | ack Cod                                 | le              |                              |                           |
| Ni                        | ckname/Alia                                   | s/Mid    | dle Name                          |           |                                         |            |                        |                   | 100                                     |                 | - 35                         |                           |
| Ac                        | idress                                        | - 25     |                                   |           | ======================================= |            |                        |                   |                                         | Apt No.         |                              | NYSID No.                 |
| Al                        | ternate Addr                                  | ess      |                                   |           |                                         |            |                        |                   |                                         | Apt No.         |                              | Co                        |
| Sex Race Date of Birth    |                                               |          |                                   |           |                                         | Age        | •                      | Height            |                                         | Weight          |                              |                           |
| Age From Age To Condition |                                               |          |                                   |           | ndition                                 |            | jured<br>ation         | or Dece           | ased                                    | U.S. Citize     | n                            | State/Country of Birth    |
|                           | me<br>lephone                                 |          | iness<br>phone                    | Ce        | Il Phone                                | Bee        | per#                   | E-Mail<br>Addres  |                                         | Call Back       | Phone#                       |                           |
| Pe                        | rson's Last                                   | Name     | , First M.I.                      |           |                                         | Rol        | 0                      |                   | 7                                       | Status          |                              | Res. Pct.                 |
| Ar                        | onymous                                       | Ano      | nymous#                           |           |                                         | - 1        |                        | Call B            | ack Cod                                 | le              | and the second               | <i>A</i> 2                |

|                      | 1                     |                  |                       | 1                |         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
|----------------------|-----------------------|------------------|-----------------------|------------------|---------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Nickname/Alia        | s/Middle Name         |                  |                       |                  |         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
| Address              |                       |                  | 31                    |                  |         | Apt No.               | 1.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NYSID No.              |
| Alternate Add        | ress                  |                  |                       |                  |         | Apt No.               | 72                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
| Sex                  | Race                  | Date of<br>Birth | Age                   | Heigh            | t       | Weight                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
| Age From             | Age To                | Condition        | If Injure<br>Location | d or Dec<br>n    | eased   | U.S. Citizen          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State/Country of Birth |
| Home<br>Telephone    | Business<br>Telephone | Cell Phone       | Beeper                | # E-Mai<br>Addre |         | Call Back P           | hone#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |
| Person's Last        | Name, First M.        | l                | MARKET                | Role             |         | Status                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Res.<br>Pct.           |
| Anonymous            | Anonymous#            |                  |                       |                  | Call Ba | ck Code               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
| MOS TAXID            | Command               |                  | Rank                  | Shield           |         |                       | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
| Appointment I        | Date                  |                  |                       | Years<br>Employe | ed      |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
| Nickname/Alia        | s/Middle Name         |                  |                       | - 65-            |         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
| Person's Last        | Name, First M.        | . 8              | Role                  |                  | Statu   | S                     | Dreit Grand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Res. Pc                |
| The Property of      |                       | *08              | September 1           |                  | -       | edon of Maria         | diam'r.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |
| MOS TAXID            | Command               | Rank             | Suiera                | 2                |         | 774                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
| Appointment (        | Date                  | <b>*</b>         | Years Em              | nployed          |         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
| Nickname/Alia        | s/Middle Name         |                  |                       | 150              |         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
| Allegations          | 16 1 1                |                  |                       |                  |         | -                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
| 1 Full<br>Allegation | Classification        |                  | llegation<br>dex      | Allega<br>Date   | -       | inding Findir<br>Date | Allegation Removed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
| Comments             |                       |                  |                       |                  |         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
| Person's Last        | Name, First M.        | No.              | Role                  |                  | de 3    | Status                | TO SERVICE STATE OF THE PARTY O | Res. Pct.              |
| Anonymous            | Anonymous#            |                  |                       | Call Ba          | ck Cod  | le                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
|                      | s/Middle Name         |                  |                       | 74 77-<br>       |         |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |
| Address              |                       | No. of the last  |                       |                  |         | Apt No.               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IYSID No.              |





### Comments

On Tuesday August 16, 2016 at approximately 0900 hours while present at Group 22, it was revealed that P.O Jeanpierre failed to make proper memobook entries regarding the attempted stop of the ATV. Upon conferral with Captain Giordano, this allegation is being closed as Substantiated and a Schedule "A" CD will be issued for failing to make proper memo book entries.

|  | Other Dept | Abuse of Dept | Allegation Index<br>VRP-Violation<br>Rules/Procedures | Date | 24 - Minor |  | Removed | Allegation<br>Dispositic<br>NONE |
|--|------------|---------------|-------------------------------------------------------|------|------------|--|---------|----------------------------------|
|--|------------|---------------|-------------------------------------------------------|------|------------|--|---------|----------------------------------|

# Comments

On Tuesday August 16, 2016 at approximately 0900 while present at Group 22, it was revealed that P.O Jeanpierre did change his tour from a 0800 court tour to a 0705 start against administrative guide procedure. Upon conferral with Captain Giordano this allegation is being closed as Minor Procedural Violation and a CO to CO conferral will be made to address the issue.

| Person's Last Name, First M.I. |         |                | Role   | Status | Res. Pct. |
|--------------------------------|---------|----------------|--------|--------|-----------|
| MOS TAXID                      | Command | Rank           | Shield |        |           |
| Appointment Date               |         | Years Employed |        |        |           |

